

Semiannual index of Medical Economics articles

JANUARY THROUGH JUNE 1971

Each listing shows title of major article or short item (in italics). First two figures following title indicate date of issue; last figure indicates page number on which the article or item starts. Back copies of MEDICAL ECONOMICS may be purchased, as long as the supply lasts, at \$2 each, postpaid.

Aides

Don't be a do-it-yourself doctor. 1-4-162
Are phone calls wrecking your schedule? 1-18-172
You bet we can end the doctor shortage! 2-15-138
How much discipline for office aides? 3-15-174
The worst malpractice traps are in your own office. 6-7-88

Billings

Is Blue Shield still "the doctors' plan"? 2-15-35
Computer billing is raising hell in our office. 3-15-94

Cars

How to come out ahead financially on your cars. 1-4-84
How fast will your car brakes stop you? 2-15-150
What's your car worth as a trade-in? 3-1-90
A zippy car may cost more than you bargain for. 3-15-279

Colleagues

Do long-distance referrals foul you up? 1-18-231
Can you still learn from your seniors? 5-10-146

Collections

Is it getting tougher to collect? 2-1-233
The trouble with collection agencies. 6-7-159

Condensations

The real majority: voters of the extreme center. 1-18-254
More drug abuse: over-regulation. 2-1-244
Wall Street: Will the big boys drive you out? 3-1-238
Rx for the malpractice plague: workmen's comp. 3-15-211

Drugs

More drug abuse: over-regulation. 2-1-244
Thumbs down on the methadone thing. 6-7-138
A medical policeman goes after doctor-addicts. 6-21-169

Education

Three stock portfolios to put kids through college. 4-12-98
Let kids pay for college? Decide if it's worth it. 5-24-154

Equipment

Give your equipment to a trust and lease it back? 1-18-171
Cash in on the coming video-recorder boom? 3-1-194
Not a single hospital chart overdue! 4-12-226
Why put up with an imperfect office? 5-24-99

Estate planning

What you can get from a bank besides money. 2-15-98
How to save one-fourth on your estate tax. 3-1-148

Ethics

A law that's rescuing problem doctors. 1-4-158
The mad scramble for abortion money. 1-4-35
Look what Medicare's doing to medical ethics. 2-15-93
"The chief cause of fee splitting no longer exists." 3-1-176
The worst doctor in town is getting the best of us. 5-10-78
Bold new views on getting organs for transplant. 6-7-198

Family

How medical families spend their money: "We're leveling out our outlays while we're young." 2-1-88; "We have no system—and it works just fine." 4-26-94; "Our earmarked funds stay earmarked—so we save \$7,000 a year." 6-21-90
When your patients shouldn't come first. 2-15-121
A family sabbatical abroad? Here's a way. 3-15-268
Rx for the high cost of raising kids: child labor. 4-12-88
Doctors and the aging-parent problem. 5-24-164

Fees

Federal fee control: what next? 2-1-33
Fees: Who's due to raise them this year? 2-15-83

Is Blue Shield still "the doctors' plan"? 2-15-35
"The chief cause of fee splitting no longer exists." 3-1-176
The story behind a "scandalous fee" headline. 3-1-83
Do you waste your patients' money? Test yourself. 6-21-83

Government and politics

Will limousine liberals ruin medical care? 3-15-282
Fighting the rich-doctor image where it hurts most. 4-12-213
More competition from regional medical programs? 4-12-241

Government medicine

Poor patients can enrich your practice. 1-4-228
Antipoverty medicine in action: It looks deluxe to me. 1-18-122
Federal fee control: what next? 2-1-33
Look what Medicare's doing to medical ethics. 2-15-93
National health insurance: right down the middle. 2-15-247
What? *Another* national health insurance twist? 2-15-263
Catastrophic health insurance: Where will it end? 3-1-35
Now it's Nixon-style national health insurance. 3-29-35
Inside Washington: The net tightens around doctors. 4-12-230
Can doctors still influence national health plans? 4-26-29
Catastrophic health insurance? A catastrophe! 5-10-213
National health insurance: the Kennedy strategy. 5-10-31
The A.M.A.'s Mediredit: One part might pass. 5-24-33
Hard evidence that H.M.O.s really work. 6-7-222
Kerr White compares those middle-way health plans. 6-21-33
National health insurance: the new leaders. 6-21-187

Health insurance

Keeping third parties in third place. 1-18-146
They've got new reasons to say H.I.P., H.I.P., hooray! 1-18-178

Continued on page 196

Subject index

Health insurance (cont.)

- Is Blue Shield still "the doctors' plan"? 2-15-35
National health insurance: right down the middle. 2-15-247
What? Another national health insurance twist? 2-15-263
Catastrophic health insurance: Where will it end? 3-1-35
Hospital men go for national health insurance. 3-15-239
Now it's Nixon-style national health insurance. 3-29-35
Inside Washington: The net tightens around doctors. 4-12-230
Who needs peer review? We all do! 4-12-245
Catastrophic health insurance? A catastrophe! 5-10-213
The A.M.A.'s Mediredit: One part might pass. 5-24-33
Hard evidence that H.M.O.s really work. 6-7-222
Kerr White compares those middle-way health plans. 6-21-33
National health insurance: the new leaders. 6-21-187

Home

- Beware the "con" in condominiums. 3-1-198
The housing boom gives investors hope—at last! 5-10-107

Hospitals

- The widening E.R. crisis. 1-4-97; Mayhem in the emergency room. 1-4-98; E.R. trouble can mean trouble for you. 1-4-112; What kind of E.R. staffing will solve it? 1-4-118; E.R. reforms you can expect to end it. 1-4-138
New heat on hospital medical staffs. 2-1-106; Stiffer requirements for accreditation. 2-1-108; Revised rules for appointments and privileges. 2-1-116; More responsibilities for individual attendings. 2-1-134
These doctors refuse to be pushed around. 2-15-186
The high-technology hospital: better care, lower cost. 3-1-98
How to avoid complaints on your hospital charges. 3-15-267
We cut the hell out of time-wasting hospital work. 3-29-106
How four doctors got us 300 new hospital beds. 4-12-112
More competition from regional medical programs? 4-12-241
Not a single hospital chart overdue! 4-12-226
Who needs peer review? We all do! 4-12-245
Is your hospital trying to go big-time? Stop it! 4-26-86
House staffers more money-minded? There's a reason. 5-10-166
Will your hospital go the merger route? 5-24-92
A point system to end admissions hassles. 6-7-174

Humor

- The world's tallest house call. 1-4-195
The night we color-slide sufferers went home happy. 1-18-158

"Now, Mrs. Blare, about the complications . . ." 4-12-183

Income and expenses

- What faculty physicians are earning now. 1-4-179
How many doctors are really working at full capacity? 1-18-85
Medical income moderation: Wesley Hall's views. 2-1-96
Partners vs. soloists: the earnings differential. 2-1-87
Let a bank automate your financial records? 3-1-172
Solo vs. partnership: a new economic comparison. 3-15-81
Does expense sharing really pay off? 4-12-94
Semiretire and still live it up? 4-12-194
The Denver trade-off: a good living vs. the good life. 6-7-102

Insurance

- Umbrella insurance: You can't afford not to have it. 1-18-79
Yes, there is a malpractice insurance paradise. 1-18-142
Are malpractice screening panels the answer? 3-1-106; "A physicians' defense panel is a must." 3-1-108; Doctor-lawyer panels? The verdict is mixed. 3-1-118; The payoff: How panels affect claims and costs. 3-1-132
Are you safe now if your broker goes under? 3-15-254
Buy disability insurance and get your premiums back? 3-15-209
Tough-minded approach to malpractice insurance. 3-15-191
Now you can insure your mutual-fund stake. 3-29-103
Will they cancel your malpractice insurance? 3-29-69
Malpractice insurance break: guaranteed coverage. 4-12-31
Found money in your life insurance. 5-10-71
Surprise! A malpractice carrier that seeks M.D.s. 5-10-142
Malpractice insurance rates: See how they soar. 6-7-95
Malpractice suits: Is the end in sight? 6-7-27

Investments

- A new lease on life for real-estate syndicates. 1-4-90
Time to start rebuilding your net worth. 1-4-81
Eight ways to cash in on raw land. 1-18-102
The new darlings of Wall Street? 2-15-215
Oh, Calcutta! The things you can tax-shelter. 2-15-166
Cash in on the coming video-recorder boom? 3-1-194
Are you safe now if your broker goes under? 3-15-254
Try my PEDL system for minimizing investment risks. 3-15-252
Now you can insure your mutual-fund stake. 3-29-103
Owning is better under the right circumstances. 4-

Continued on page 203

Clinical Considerations—Actions:

POLARAMINE effectively antagonizes many of the characteristic effects of histamine and therefore is of value clinically in the prevention and relief of many allergic manifestations. The chief advantages of POLARAMINE as antihistamine therapy are the high order of safety and the high potency resulting in lower dosage. Side effects are minimal and occur much less frequently than with other antihistamine preparations. **Indications:**

POLARAMINE Tablets, REPETABS Tablets, and Syrup are indicated for symptomatic relief of some of the allergic conditions such as hay fever, urticaria, angioedema, vasomotor rhinitis, allergic eczema, atopic dermatitis, contact dermatitis (including poisoning by ivy or oak), drug and serum reactions, insect bites, pruritus ani and vulvae, and pruritus of non-specific origin. Allergic migraine and allergic asthma exhibit a variable but often beneficial response. Some cases of asthma, spasmodic bronchial cough and migraine respond favorably to POLARAMINE Tablets or Syrup.

POLARAMINE Tablets and Syrup can be used for the prevention and treatment of allergic reactions to injections of allergic substances. **Precautions:** Since drowsiness may occur, caution patients against engaging in mechanical operations requiring alertness, such as driving an automobile, until their response has been determined.

Adverse Reactions: One of the principal advantages of POLARAMINE is its relative freedom from side effects such as are frequently encountered with some antihistamine drugs. Certain patients may, however, respond to antihistamine drugs by becoming drowsy, dizzy or nauseated. Other possible side effects include restlessness, dry mouth, weakness, anorexia, headache, nervousness, polyuria, heartburn, diplopia, sweating, dysuria, and very rarely dermatitis. (Brief summary of precautionary information from official package insert.) For more complete details, consult package insert or Schering literature available from your Schering Representative or Medical Services Department, Schering Corporation, Union, New Jersey 07083.

Subject index

Investments (cont.)

19-51; Congenial setting for a one-man family practice. 4-19-53; A low-cost office that wears well. 4-19-56; The most talked-about office in town. 4-19-62; A perfect plan for youngsters of all ages. 4-19-67; A special look for OBG: plenty of curves. 4-19-70; How to make building ownership pay. 4-19-77

"You can still strike it rich in special situations." 4-26-100

Are the stock market services picking winners? 5-10-84

The growth stock right under your nose. 5-10-171

The housing boom gives investors hope—at last! 5-10-107

The little business that grew and grew—and went bust. 6-7-200

An investment with double-barreled appeal. 6-21-185

—Mutual funds

Want to do some venture-capital investing? 1-18-210
How to catch a fast-growth stock ascending. 2-1-81
Inside the mutual funds: Investors Mutual. 2-15-218
Which mutual funds are leading the comeback? 3-15-147
The doctor funds look good again. 4-12-137
Fastest-starting mutual funds of '71. 5-10-241
New way out of the growth fund maze. 6-21-98

—Stocks

Investment advisory services: Which ones were right? 1-18-94
Time to shift your investment balance. 1-18-31
Bargain-basement stocks that could soar. 2-1-226
How to catch a fast-growth stock ascending. 2-1-81
A growth-stock specialist prescribes for doctors. 2-15-269
Wall Street: Will the big boys drive you out? 3-1-238
Three stock portfolios to reach your retirement goals. 3-15-100
Three stock portfolios to put kids through college. 4-12-98

Law

A law that's rescuing problem doctors. 1-4-158
These fake doctors might fool you, too. 2-15-104
"Dear Mr. President: Is this law and order?" 3-1-152
Taking advantage of the new tax law? Test yourself. 3-1-94
Let doctors appear in court via video tape? 3-15-166
An M.D. who maintains his own law and order. 4-12-163
Is the F.D.A. promoting pollution hysteria? 5-10-200
Now they're using a scorecard to determine death. 5-10-198
What a housewife can cost you in court. 6-7-154
He sued his malpractice plaintiff for libel—and won. 6-21-106
Power of attorney: How to give it and not get burned. 6-21-157

Leisure

The island that's worth a trip around the world. 1-18-242
A winter vacation city you ought to put on your list. 2-1-236
Hawaii: far from the Waikiki crowd. 2-15-276
Cheapest way to buy a first-class vacation abroad. 3-1-220
Tops in far-out vacation fun: East Africa. 4-12-254

Liability

The widening E.R. crisis, 1-4-97; Mayhem in the emergency room, 1-4-98; E.R. trouble can mean trouble for you, 1-4-112
Yes, there is a malpractice insurance paradise. 1-18-142
 They can sue if your treatment's too old or too new. 2-1-102
 Are malpractice screening panels the answer? 3-1-106; "A physicians' defense panel is a must," 3-1-108; Doctor-lawyer panels? The verdict is mixed, 3-1-118; The payoff: How panels affect claims and costs, 3-1-132
Let doctors appear in court via video tape? 3-15-166
 Rx for the malpractice plague: workmen's comp. 3-15-211

Tough-minded approach to malpractice insurance. 3-15-191
Will they cancel your malpractice insurance? 3-29-69
Ignoring post-op complaints can hurt you, too. 4-12-210
A break in the malpractice spiral? 4-26-154
Lawyers are getting smarter about your bad results. 5-10-236
Surprise! A malpractice carrier that seeks M.D.s. 5-10-142
This malpractice panel's decision will be binding. 5-24-206
Malpractice insurance rates: See how they soar. 6-7-95
Malpractice suits: Is the end in sight? 6-7-27
What a housewife can cost you in court. 6-7-154
The worst malpractice traps are in your own office. 6-7-88
Beware the consultation without contact. 6-21-152
He sued his malpractice plaintiff for libel—and won. 6-21-106

Location and distribution

Some states have a shortage of patients. 1-18-101
Continued on page 207



"They do the same thing with my car at the garage; take something off, so I'll have to leave it, then work on somebody else."

ACHROMYCIN® V CAPSULES, 250mg. TETRACYCLINE HCl

ACTIONS: Tetracyclines are active against a wide range of Gram-negative and Gram-positive organisms.

CONTRAINDICATIONS: Hypersensitivity to any tetracycline.

WARNINGS: The Use of Drugs of the Tetracycline Class During Tooth Development (Last Half of Pregnancy, Infancy and Childhood to the Age of 8 Years) May Cause Permanent Discoloration of the Teeth (Yellow-Gray-Brown). This Adverse Reaction Is More Common During Long-Term Use of the Drugs But Has Been Observed Following Repeated Short-Term Courses. Enamel Hypoplasia Has Also Been Reported. Tetracycline Drugs, Therefore, Should Not be Used in This Age Group Unless Other Drugs Are Not Likely To be Effective or Are Contraindicated. In renal impairment, usual doses may lead to excessive accumulation and liver toxicity. Under such conditions, use lower doses and, in prolonged therapy, determine serum levels. Photosensitivity manifested by an exaggerated sunburn reaction has been observed in some taking tetracyclines. Advise patient of this reaction to direct sunlight or ultraviolet light, and discontinue treatment at first evidence of skin erythema. Like other tetracyclines, this drug forms a stable calcium complex in any bone-forming tissue. Prematures, given oral doses of 25 mg./kg. every 6 hours, demonstrated a decrease in fibula growth rate, reversible when drug was discontinued. In patients with significantly impaired renal function, the antianabolic action of tetracycline may cause an increase in BUN, leading to azotemia, hyperphosphatemia, and acidosis.

PRECAUTIONS: Use may result in overgrowth of nonsusceptible organisms, including fungi. If superinfection occurs, institute appropriate therapy. In venereal disease when coexistent syphilis is suspected, darkfield examination should be done before treatment is started and blood serology repeated monthly for at least 4 months. Patients on anticoagulant therapy may require downward adjustment of such dosage. Test for organ system dysfunction (e.g., renal, hepatic and hemopoietic) in long-term use. Treat all Group A beta hemolytic streptococcal infections for at least 10 days to decrease likelihood of rheumatic fever or acute glomerulonephritis. Avoid giving tetracycline in conjunction with penicillin.

ADVERSE REACTIONS: G.I.: anorexia, nausea, vomiting, diarrhea, glossitis, dysphagia, enterocolitis, inflammatory lesions (with monilial overgrowth) in anogenital region. Skin: maculopapular erythematous rashes. Exfoliative dermatitis (uncommon). Photosensitivity. Renal toxicity: rise in BUN, dose-related. Hypersensitivity: urticaria, angioneurotic edema, anaphylaxis, anaphylactoid purpura, pericarditis, exacerbation of systemic lupus erythematosus. When given over prolonged periods, tetracyclines may produce brown-black microscopic discoloration of thyroid glands; no abnormalities of thyroid function studies are known to occur. In young infants, bulging fontanels have been reported following full therapeutic dosage, disappearing rapidly when drug was discontinued. Blood: hemolytic anemia, thrombocytopenia, neutropenia, eosinophilia. Concomitant therapy: Antacids containing aluminum, calcium, or magnesium impair absorption; do not give to patients taking oral tetracycline. Food and some dairy products also interfere with absorption. Oral doses should be given 1 hour before or 2 hours after meals. Pediatric oral doses should not be given with milk formulas, but should be given at least 1 hour prior to feeding.



LEDERLE LABORATORIES
A Division of
American Cyanamid Company
Pearl River, New York 10965

Subject index

Location and distribution (cont.)

The Denver trade-off: a good living vs. the good life. 6-7-102

Medical-care costs

Antipoverty medicine in action: It looks deluxe to me. 1-18-122
Catastrophic health insurance: Where will it end? 3-1-35
The high-technology hospital: better care, lower cost. 3-1-98
The story behind a "scandalous fee" headline. 3-1-83
Will limousine liberals ruin medical care? 3-15-282
What do they want—good health care or good taste? 3-29-75
Can doctors still influence national health plans? 4-26-29
Catastrophic health insurance? A catastrophe! 5-10-213

Medical profession

New move to measure office-care quality. 1-4-197
The world's tallest house call. 1-4-195
Automated health testing: too much, too soon. 1-18-182
"Don't overlook the blackness of black M.D.s." 1-18-194
Medical experience can be a lousy teacher. 2-1-194
Medical income moderation: Wesley Hall's views. 2-1-96
These fake doctors might fool you, too. 2-15-104
The 1970 Medical Economics Awards winners. 3-1-190
The Peter Principle: why doctors also go wrong. 3-15-200
We're salvaging our bad apple. 3-29-76
Bring back the house call! 4-12-79
Fighting the rich-doctor image where it hurts most. 4-12-213
An M.D. who maintains his own law and order. 4-12-163
Can you still learn from your seniors? 5-10-146
"Carriage-trade practice was never this rewarding." 5-24-129

Office

Neither a boulder nor a landlord be. 2-1-198
Office planning guide: Examining-room cabinets. 2-1-95; Sofa-bench in consultation room. 3-15-99; Two-way wall. 4-12-93
Isn't it time your office had an overhaul? 3-15-222
Getting what you want most from practice. 4-19-13; 101 ideas for improving a rented office. 4-19-19; How to make patients feel like guests. 4-19-20; An office with the sweet smell of success. 4-19-22; A one-man office that has almost everything. 4-19-33; The case for the living-room waiting room. 4-19-36; Clinching the advantages of a rented office. 4-19-39; Owning is better under the right circumstances. 4-19-51; Congenial setting for a one-man family practice. 4-19-53; A low-cost office that wears well. 4-19-56; The most talked-about office in town. 4-19-62; A perfect plan for youngsters of all ages. 4-19-67; A

special look for OBG: plenty of curves. 4-19-70; How to make building ownership pay. 4-19-77; These M.D.s flourish in big professional buildings. 4-19-81; A big-city office full of patient pleasers. 4-19-82; Three pediatricians with young ideas. 4-19-85; The professional park: a coming trend. 4-19-93; A doctor-owned building in a hospital-owned park. 4-19-96; Best way to build your office on hospital grounds. 4-19-98; Big ideas for small-town offices. 4-19-105; Total patient care in a one-man clinic. 4-19-106; Two-man medical center in the country. 4-19-110; Nine steps to building an office you'll be proud of. 4-19-114; For the group-minded: three distinguished layouts. 4-19-131; An office that's virtually maintenance-free. 4-19-132; A busy group building that never seems crowded. 4-19-136; An ideal setup for a small group. 4-19-145; Good way to minimize building headaches. 4-19-153; Tips on choosing art for your office. 4-19-166
Why put up with an imperfect office? 5-24-99
Medical office of the month: A group setup with the personal touch. 6-7-164

Organized medicine

New move to measure office-care quality. 1-4-197
These doctors refuse to be pushed around. 2-15-186
We're salvaging our bad apple. 3-29-76
A medical policeman goes after doctor-addicts. 6-21-169

Partnership, group, and solo practice

Partners vs. soloists: the earnings differential. 2-1-87
Solo vs. partnership: a new economic comparison. 3-15-81
How good are the superclinics? 4-26-103; The drawing power of the Big Five. 4-26-106; The motives that make M.D.s send cases there. 4-26-114; How referrers rate Mayo, Lahey, Ochsner, and others. 4-26-130
Now it's peer review that makes strange bedfellows. 5-10-228

Patients

Poor patients can enrich your practice. 1-4-228
Keeping third parties in third place. 1-18-146
Let patients "overhear" the good news. 1-18-238
Who says house calls are passé? 2-1-148
How to keep kids from tuning you out. 2-15-155
When your patients shouldn't come first. 2-15-121
How to avoid complaints on your hospital charges. 3-15-267
The pornography revolution: Are you with it? 3-15-108; "There is much to be said for pornography." 3-15-122
Bring back the house call! 4-12-79
Tell your patients what you expect of them. 4-12-224
Thank God for one articulately grateful patient. 4-12-133
Can you still learn from your seniors? 5-10-146
Bold new views on getting organs for transplant. 6-7-198

Continued on page 208

Subject index

Patients (cont.)

A point system to end admissions hassles. 6-7-174
See more patients? There's an emotional limit. 6-7-215
Thumbs down on the methadone thing. 6-7-138
Beware the consultation without contact. 6-21-152
Do you waste your patients' money? Test yourself. 6-21-83
Helping hippies and others with unhealthy ideas. 6-21-132

Personal finances

How to come out ahead financially on your cars. 1-4-84
Time to start rebuilding your net worth. 1-4-81
Eight ways to cash in on raw land. 1-18-102
How medical families spend their money: "We're leveling out our outlays while we're young." 2-1-88; "We have no system—and it works just fine." 4-26-94; "Our earmarked funds stay earmarked—so we save \$7,000 a year." 6-21-90
Neither a builder nor a landlord be. 2-1-198
How to avoid credit-card traps. 2-15-202
What you can get from a bank besides money. 2-15-98
Taking advantage of the new tax law? Test yourself. 3-1-94
What's your car worth as a trade-in? 3-1-90
Let kids pay for college? Decide if it's worth it. 5-24-154
The little business that grew and grew—and went bust. 6-7-200
"Pay up right now or we'll padlock your office!" 6-7-84
Power of attorney: How to give it and not get burned. 6-21-157
The tour operator who took doctors for a ride. 6-21-172

Personal life

The night we color-slide sufferers went home happy. 1-18-158
Modus operandi for a longer, happier life. 2-1-145
One man's madness—a tax-deductible racehorse. 2-1-174
Damned if we haven't started a shooting revolution! 2-15-191
Beware the "con" in condominiums. 3-1-198
"Dear Mr. President: Is this law and order?" 3-1-152
Relax—go fly a kite. 3-15-236
Want to keep fit? Don't make this fatal mistake. 3-15-154
What do they want—good health care or good taste? 3-29-75
Rx for the high cost of raising kids: child labor. 4-12-88
Is the F.D.A. promoting pollution hysteria? 5-10-200
Doctors and the aging-parent problem. 5-24-164
A hobby for doctors who hate hobbies. 5-24-159
The Denver trade-off: a good living vs. the good life. 6-7-102

Practice management

Don't be a do-it-yourself doctor. 1-4-162

Are phone calls wrecking your schedule? 1-18-172
How many doctors are really working at full capacity? 1-18-85
Keeping third parties in third place. 1-18-146
Three good ways to make a practice grow. 2-1-211
You bet we can end the doctor shortage! 2-15-138
Let a bank automate your financial records? 3-1-172
Isn't it time your office had an overhaul? 3-15-222
Give your practice this five-year checkup: Sizing up your practice growth. 4-26-158; Sizing up your use of time. 5-24-182
What's wrong with this practice? 5-24-108
The last word in appointment systems. 6-7-96

Practice, special types

Inner-city help from outside M.D.s: a success story. 3-15-171
"Carriage-trade practice was never this rewarding." 5-24-129
Helping hippies and others with unhealthy ideas. 6-21-132

Professional corporations

Incorporating? Consider a ready-made retirement plan. 2-1-162
Keogh vs. incorporation: Will the balance shift? 3-15-31
How to stretch your tax shelter if you incorporate. 4-12-166
How to clinch the benefits of a one-man corporation. 4-26-81
What incorporation is doing for doctors. 5-24-83
Will your hospital go the merger route? 5-24-92
A profit-sharing plan that ran into trouble. 6-7-134

Professions, other

Lawyers are getting smarter about your bad results. 5-10-236
Paramedics to the rescue? It's a false hope! 5-10-110

Records

How to clinch the benefits of a one-man corporation. 4-26-81
Will the I.R.S. use these strong-arm tactics on you? 6-7-79; "Move aside, we're going to break the door down!" 6-7-80; "Pay up right now or we'll padlock your office!" 6-7-84

Retirement

Incorporating? Consider a ready-made retirement plan. 2-1-162
Oh, Calcutta! The things you can tax-shelter. 2-15-166
What you can get from a bank besides money. 2-15-98
Beware the "con" in condominiums. 3-1-198

Continued on page 210

STOPS DEEPLY IMBEDDED RINGWORM*

FULVICIN-U/F® Tablets
griseofulvin (microsize) tablets, U.S.P.

The use of this drug is not justified in minor or trivial infections which will respond to topical antifungal agents alone. **CLINICAL CONSIDERATIONS—INDICATIONS:**

*FULVICIN-U/F is fungistatic rather than fungicidal, and it is specifically active against superficial fungi which cause tinea (ringworm) of the scalp, beard, body, hands, feet, fingernails and toenails. It is fungistatic to fungi which attack the skin, hair and nails of man and animals, namely, *Trichophyton mentagrophytes*, *Trichophyton rubrum*, *Trichophyton schoenleinii*, *Trichophyton sulphureum*, *Trichophyton verrucosum*, *Trichophyton interdigitale*, *Epidermophyton floccosum*, *Microsporon gypseum*, *Microsporon canis* and *Microsporon audouinii*. This antifungal antibiotic is inactive against bacteria, monilia, histoplasmosis, North American blastomycosis, cryptococcosis, actinomycosis, sporotrichosis, coccidioidomycosis and *Malassezia furfur* (tinea versicolor). The use of this drug is not justified in minor or trivial infections which will respond to topical antifungal agents alone. **NOTE:** Prior to the institution of therapy, the type of fungi responsible for the infection should be identified. **CONTRAINDICATIONS:** This drug is contraindicated in patients with porphyria, hepatocellular failure, and in individuals with a history of hypersensitivity to griseofulvin. **WARNINGS:** Usage in Pregnancy: Safety for use of this drug in pregnancy has not been established.

PRECAUTIONS: As with all antibiotics, the use of this drug may result in an overgrowth of non-susceptible organisms, particularly monilia (Candida). Constant observation of the patient is essential. If new infections appear during therapy, appropriate measures should be taken. Patients on prolonged therapy with any potent medication should be under close observation. Periodic monitoring of organ system function, including renal, hepatic and hematopoietic, should be done. Since griseofulvin is derived from species of penicillium, the possibility of cross sensitivity with penicillin exists; however, known penicillin-sensitive patients have been treated without difficulty. Patients should be cautioned to avoid exposure to intense or artificial sun rays to prevent development of photosensitivity reactions. Patients on other drugs also metabolized by the liver, particularly barbiturates and warfarin-type anticoagulants, may require dosage adjustment of either the griseofulvin or anticoagulants. Barbiturates usually decrease griseofulvin activity. **ADVERSE REACTIONS:** Serious side effects reported with griseofulvin therapy are rare and are usually associated with high doses and/or long periods of therapy. Reactions are commonly of the hypersensitivity type, such as skin rashes, urticaria, and rarely serum sickness, angioedema, and may necessitate withdrawal of therapy and appropriate countermeasures. Parasthesias of the hands and feet have been reported rarely after extended therapy. Other side effects reported occasionally are oral thrush, nausea, vomiting, epigastric distress, diarrhea, headache, heartburn, fatigue, dizziness, insomnia, mental confusion, psychomotor incoordination, impairment of performance of routine activities, photosensitivity and peripheral neuritis. Proteinuria and leukopenia have been reported rarely. Administration of the drug should be discontinued if granulocytopenia occurs. Available in 125 mg., 250 mg., and 500 mg. scored tablets. SCH-2600

For more complete details, consult package insert or Schering literature available from your Schering Representative or Medical Services Department, Schering Corporation, Union, New Jersey 07083.

Subject index

Retirement (cont.)

Keogh vs. incorporation: Will the balance shift? 3-15-31
Three stock portfolios to reach your retirement goals. 3-15-100
The doctor funds look good again. 4-12-137
Semiretire and still live it up? 4-12-194
Slow down after 60? The system won't let me. 5-10-90
What incorporation is doing for doctors. 5-24-83

Salaried practice

What faculty physicians are earning now. 1-4-179
The widening E.R. crisis. 1-4-97; What kind of E.R. staffing will solve it? 1-4-118
How good are the superclinics? 4-26-103; The drawing power of the Big Five. 4-26-106; The motives that make M.D.s send cases there. 4-26-114; How referrers rate Mayo, Lahey, Ochsner, and others. 4-26-120

Specialty and general practice

Do long-distance referrals foul you up? 1-18-231
How many doctors are really working at full capacity? 1-18-85
From G.P. to F.P.—it does bring new status. 2-1-215
Fees: Who's due to raise them this year? 2-15-83
How to keep kids from tuning you out. 2-15-155
These G.P.s run an office that never closes. 3-1-216
Solo vs. partnership: a new economic comparison. 3-15-81
Does expense sharing really pay off? 4-12-94

Taxes

How to come out ahead financially on your cars. 1-4-84

A new lease on life for real-estate syndicates. 1-4-90
Your 1971 tax calendar. 1-4-205
Give your equipment to a trust and lease it back? 1-18-171
How to finish your tax return no later than March. 2-1-230
One man's madness—a tax-deductible racehorse. 2-1-174
Answers to your tax questions. 2-15-131; 3-15-259; 3-29-123
Oh, Calcutta! The things you can tax-shelter. 2-15-166
How to save one-fourth on your estate tax. 3-1-148
Taking advantage of the new tax law? Test yourself. 3-1-94
Biggest tax break of the year. 3-15-88
How your tax return should look this year. 3-29-81
How to stretch your tax shelter if you incorporate. 4-12-166
What incorporation is doing for doctors. 5-24-83
A profit-sharing plan that ran into trouble. 6-7-134
Will the I.R.S. use these strong-arm tactics on you? 6-7-79; "Move aside, we're going to break the door down!" 6-7-80; "Pay up right now or we'll padlock your office!" 6-7-84

Travel

The island that's worth a trip around the world. 1-18-242
A winter vacation city you ought to put on your list. 2-1-236
Hawaii: far from the Waikiki crowd. 2-15-276
Cheapest way to buy a first-class vacation abroad. 3-1-220
A family sabbatical abroad? Here's a way. 3-15-268
Tops in far-out vacation fun: East Africa. 4-12-254
How to go abroad without being taken for a ride. 5-10-246
The tour operator who took doctors for a ride. 6-21-172

CHEWABLE SORBITRATE® isosorbide dinitrate

Mode of Action: Isosorbide dinitrate reduces in number and severity the incidence of angina pectoris attacks, with concomitant reduction in nitroglycerin intake.

Indications: Sublingual and Chewable: For the prevention and treatment of angina pectoris. Oral: For the relief of angina pectoris. It is not intended to abort the acute anginal episode. SORBITRATE WITH PHENOBARBITAL is indicated for patients in whom the angina pectoris is accompanied by anxiety or its related symptoms.

Contraindications: A history of sensitivity to the drug.

Warnings: Data supporting the use of nitrates during the early days of the acute phase of myocardial infarction are insufficient to establish safety. Phenobarbital may be habit forming.

Precautions: Should be used with caution in patients who have glaucoma. Tolerance and cross tolerance to other nitrates may occur.

Adverse Reactions: Headache which may be severe and persistent. Lowering the dose and using analgesics will help control the headaches which usually diminish or disappear as therapy is continued.

Adverse reactions seen occasionally: Cutaneous vasodilation with flushing; transient dizziness and weakness as well as other signs of cerebral ischemia associated with postural hypotension; individual marked sensitivity to the hypotensive effects of nitrates wherein severe responses can occur even with the usual therapeutic dose (alcohol may enhance this effect); drug rash and/or exfoliative dermatitis.

This drug can act as a physiological antagonist to norepinephrine, acetylcholine, histamine and other agents.

Dosage and Administration: Route: Sublingual, oral and chewable tablets.

Individual Dose: To minimize hypotensive responses, which may occasionally be severe with chewable doses as low as 10 mg., the smallest effective dose should be employed. Chewable tablets are generally given in doses of 5 mg. Sublingually or orally, 5 to 10 mg. is the range commonly used although doses of up to 30 mg. have frequently been employed.

Dosage Schedule: Smallest effective dose necessary for the prevention and treatment of pain of an anginal attack. Sublingual SORBITRATE may be taken p.r.n. or at 4 to 6 hour intervals; Oral SORBITRATE may be taken 3 to 4 times daily. Chewable SORBITRATE may be taken for prompt relief of anginal pain 3 or 4 times daily. Although the onset and duration of effect of coronary nitrates may vary, following are the generally reported ranges of these values for SORBITRATE:

Onset of Effect: Sublingual and Chewable: 2 to 5 minutes. Oral: 15 to 30 minutes.

Duration of Effect: Sublingual and Chewable: 1 to 2 hours. Oral: Estimated to be 4 to 6 hours.

It is recommended that the oral dosage be taken on an empty stomach.



STUART PHARMACEUTICALS | Pasadena, Calif. 91109
Division of ATLAS CHEMICAL INDUSTRIES, INC.

GIVE THE UNITED WAY

